

The Commissioned Reserve In Defense and Disaster Health Services

THE DEVELOPMENT of health emergency services in the present era for a population as large and as widespread as that of the United States is one of the most urgent current problems before the health professions. Our experience in prior war periods, although helpful in some respects, has not prepared us realistically for meeting civil defense needs of the future. In fact, had not the superb military defense of our armed forces and those of our allies kept the enemy from our shores, the American people would have paid dearly in needless death and illness because of inadequate civil defense preparation. Today, the situation is vastly more dangerous; the hour is late for orienting our total health forces to the task.

Perhaps the most important and most difficult of the Public Health Service's new national defense responsibilities is the development of an adequate Commissioned Reserve Corps. Since World War II, the Service has been most anxious about the development and maintenance of a reserve commensurate with our existing and potential responsibilities. Although we have had statutory authority for a reserve since 1918, we have never been able to use the mechanism to its greatest advantage.

Our World War II experience proved that to be effective a commissioned reserve should be recruited in peacetime and adequately trained for call to duty in emergencies. The Service had to rely on hastily recruited and superficially trained reserve officers to help

State and Territorial health departments meet their needs for personnel in war areas. We also had to recruit and activate almost overnight many thousands of reserve officers for duty in the Office of Civilian Defense, the United States Coast Guard, the War Maritime Administration, the United Nations Relief and Rehabilitation Administration, and many other war organizations.

In any defense emergency, the total mission of the Public Health Service requires a strong reserve for a variety of activities. In the future, we can readily visualize a greater variety and a larger number of demands than we have known in the past. For this reason, we look upon our present responsibility to the Federal Civil Defense Administration as a long-awaited opportunity to begin the development of a Commissioned Reserve Corps in an orderly fashion—in a preventive fashion, if you will. We intend to combine our commissioning of reserves for civil defense with commissioning for our essential functions in war or other emergency.

The Public Health Service now seeks two primary objectives: first, to augment the supply of health personnel who will be available across the country; and, second, to assure their mobility. Mobility in a national emergency, such as enemy attack, obviously calls for commissioned personnel with credentials which can command transportation and admission through military lines.

Our aim is to augment—not to deplete—the available supply of personnel for duty in public health activities. We will work out with State and Territorial health officers plans for the most effective training and utilization of existing public health personnel through the Commissioned Reserve Corps. At the same time we will recruit actively outside State and local public health staffs. There are many valuable sources which have not been tapped. We have in mind the professional staffs of voluntary health agencies, universities, industrial health and safety services, and insurance companies,

Statement by the Surgeon General based on his annual message to the State and Territorial health officers. Washington, D. C., December 7, 1954.

for example, as well as competent individuals from the appropriate professional and technical groups.

The purpose of the entire program is to provide the organization, training, and mechanisms that will enable members of the health professions to serve to the best possible advantage in civilian services during a national crisis. We will use every available resource to train reserve officers in the health problems associated with atomic, biological, and chemical warfare, as well as in other emergency health problems.

We do not expect to call an officer in the emergency reserve to active duty without his consent, except in the face of a clear and present danger publicly recognized. Such an officer perform-

ing important health duties would not be moved to another area unless the situation clearly justified such a shift. Of course, members of the commissioned reserve may request active duty at any time.

It is to the self-interest of every State, Territorial, and local health officer to promote the development of the Public Health Service Commissioned Reserve, and the wholehearted cooperation of each health officer is strongly recommended in this important Public Health Service activity. Remember, the civil defense objective of the program is to provide indispensable health personnel for the protection of the people in each area should bombs fall or biological attack occur.

PHS Medical Research Grants

Surgeon General Leonard A. Scheele of the Public Health Service has announced approval of 972 grants for basic and applied research in many of today's major diseases. The awards, recommended and approved by the National Advisory Council, are administered by the National Institutes of Health. They were made in December 1954 to scientists in approximately 215 research institutions of the United States. More than half of the awards were for continuation of existing medical research projects.

The grants award program of the Public Health Service covers support of research in the medical and biological sciences, particularly heart disease, cancer, mental illness, arthritis and metabolic diseases, the neurological and sensory disorders, diseases of the teeth and mouth, and certain diseases of microbiological and parasitic origin. Other research projects supported by the program are concerned with the fundamental exploration of metabolic and biological phenomena underlying the causes of most of the prevailing noninfectious diseases.

A full or partial listing of the individual grants, broken down by investigator, project title, amount of support, and research institution is available from the Scientific Reports Branch, National Institutes of Health, Public Health Service, Bethesda 14, Md.